

WHAT WILL THIS TRAINING DO FOR YOU?

- This presentation will assist you in completing the Police Traffic Collision Report form
- Help you with understanding the Police Traffic Collision Report and overlays
- Show you how to utilize the overlays attached to the report
- Show you all the required fields on the form that must be completed and where other information for the form will be place
- Limit the number of corrections notices you receive
- **YOUR REPORTS WILL IMPROVE THE SYSTEM'S ACCURACY AND DATA COLLECTION PROVIDING FOR SAFER ROADWAYS**



Police Traffic Collision Form

The Police Traffic Collision Report form (PTCR) is designed to be used with computer technology to collect data using text entries, check boxes, and numeric codes. The information is scanned into an electronic format allowing for electronic retention of the image. When you provide as much information available from the traffic collision and complete the traffic collision report, this reported information is then utilized in developing programs to reduce the number and/or severity of vehicle collisions. It also provides a basis for developing proper traffic laws ordinances, traffic safety programs, and other collision prevention programs.

 STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT		 1591971		REPORT NO. <input type="text"/>		1 <input type="text"/> <input type="text"/> 27		
1 <input type="text"/>	INTERSTATE <input type="checkbox"/> CITY STREET <input type="checkbox"/> STATE ROUTE <input type="checkbox"/> OTHER <input type="checkbox"/> COUNTY RD <input type="checkbox"/> PRIVATE WAY <input type="checkbox"/>		FIRE RESULTED <input type="checkbox"/> STOLEN VEHICLE <input type="checkbox"/> HIT & RUN INVOLVED <input type="checkbox"/>		CASE # <input type="text"/>		2 <input type="text"/> <input type="text"/>	
2 <input type="text"/>	TRIBAL RESERVATION <input type="text"/>		LOCAL AGENCY CODING <input type="text"/>		TOTAL # OF UNITS <input type="text"/>		3 <input type="text"/> <input type="text"/>	
3 <input type="text"/>	DATE OF COLLISION: M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #		N <input type="checkbox"/> E <input type="checkbox"/> IN <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF <input type="text"/>		OBJECT STRUCK <input type="text"/>		1 <input type="text"/> <input type="text"/> 28 2 <input type="text"/> <input type="text"/>	
4 <input type="text"/>	ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input type="checkbox"/>		BLOCK NO. <input type="text"/>		MILE POST <input type="text"/>		3 <input type="text"/> <input type="text"/>	
4a <input type="text"/>	DISTANCE <input type="text"/>		OF (REFERENCE OR CROSS STREET) <input type="text"/>		MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> FEET <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>		29	
5 <input type="text"/>								

TO ENSURE DATA ACCURACY

- A. Print in capital block letters using a black ball-point pen with a medium tip, pressing firmly. Print letters and numbers full height. Include spaces between names. Do not use periods, eg., JOHN Q PUBLIC, or SE MAIN STREET, etc. Do not cross zeros or sevens.
- B. Enter all information to the best of your knowledge. If the requested information is not available or applicable, leave that portion of the report blank. Do not enter DK (for don't know), dashes, lines, and/or dots.
- C. If there are more letters and/or numbers being entered than spaces available, enter the numbers and or letters that you can and leave the rest off the report (truncate).
- D. If three or more vehicles are involved in the collision, use the Supplemental Police Traffic Collision Report form. Number the pages accordingly, using the appropriate space found at the lower right corner of the report form. Also, enter the pre-printed report no., found at the top right of Part A, and on all subsequent pages.
- E. Enter the date and time of the collision. All eight boxes are required to be filled in (Example date 05-09-2008).
- F. If any missing or unusual information is received and there is no space provided for it on the form, place this information in the narrative section of form B.
- G. The Police Traffic Collision Report Instruction Manual (PTCR) is located at:
<http://www.wsp.wa.gov/publications/collision.htm#other>

POLICE TRAFFIC COLLISION REPORT

PART A

In this section we will be discussing Part A of the Collision Report. All collision reports can only have one Part A, all additional units must be on a supplemental page(s).



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT		15219271	REPORT NO.	1	27						
1	INTERSTATE <input type="checkbox"/> CITY STREET <input type="checkbox"/>	FIRE RELATED <input type="checkbox"/>	CASE #	2							
2	STATE ROUTE <input type="checkbox"/> OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>	LOCAL AGENCY CODING	3							
3	COUNTY RD. <input type="checkbox"/> PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>	TOTAL # OF UNITS	1	28						
4	TRIBAL RESERVATION		OBJECT STRUCK	2							
5	DATE OF COLLISION	TIME (2400)	COUNTY #	3							
6	MILES	N S E W	IN OF								
7	ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input type="checkbox"/>	BLOCK NO.	MILE POST		29						
8	DISTANCE	MILES	FEET								
9	UNIT 01	MOTOR VEHICLE <input type="checkbox"/> PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET		30						
10	LAST NAME	FIRST NAME	MIDDLE INITIAL								
11	STREET NEW ADDRESS										
12	CITY	ST	ZIP	1	31						
13	CDL	ENDORSEMENTS	RESTRICTIONS	2							
14	DRIVER'S LICENSE #	STATE	SEX	D.O.B.	3						
15	ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES	1	32	
16	LICENSE PLATE #	STATE	VIN#						2		
17	TRAILER PLATE #	STATE	TRAILER PLATE #	STATE					3		
18	VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED	TOWED BY	GOVT VEHICLE		FROM	TO	
19	REGISTERED OWNER INFO.				YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
20	LIABILITY INSURANCE IN EFFECT	INSURANCE CO. & POLICY #	VEHICLE DAMAGE	CHARGE					FROM	TO	
21	VEHICLE DAMAGE	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #							
22	UNIT 02	MOTOR VEHICLE <input type="checkbox"/> PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET						
23	LAST NAME	FIRST NAME	MIDDLE INITIAL								
24	STREET NEW ADDRESS										
25	CITY	ST	ZIP								
26	CDL	ENDORSEMENTS	RESTRICTIONS								
27	DRIVER'S LICENSE #	STATE	SEX	D.O.B.							
28	ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES			
29	LICENSE PLATE #	STATE	VIN#								
30	TRAILER PLATE #	STATE	TRAILER PLATE #	STATE							
31	VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED	TOWED BY	GOVT VEHICLE		FROM	TO	
32	REGISTERED OWNER INFO.				YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
33	LIABILITY INSURANCE IN EFFECT	INSURANCE CO. & POLICY #	VEHICLE DAMAGE	CHARGE					FROM	TO	
34	VEHICLE DAMAGE	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #							
35	OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY								
36	PART A 3000-345-159 R (7/06)								PAGE 01	OF	

POLICE TRAFFIC COLLISION REPORT

PART A

REPORT NO.

The report number is a pre-printed number and appears in the top right corner of part A. It is mandatory to write the pre-printed report number (from Part A) in the space provided on Part B, the supplemental pages, and any attachments in the upper right corner.

		STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT	 1591971	<div style="background-color: #f8d7da; padding: 5px; border: 1px solid #f5c6cb;"> REPORT NO. </div>	1 <input type="text"/> <input type="text"/> 27 2 <input type="text"/> <input type="text"/> 3 <input type="text"/> <input type="text"/>									
1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 4a <input type="text"/> 5 <input type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">INTERSTATE <input type="checkbox"/></td> <td style="width: 15%;">CITY STREET <input type="checkbox"/></td> <td style="width: 15%;">FIRE RESULTED <input type="checkbox"/></td> </tr> <tr> <td>STATE ROUTE <input type="checkbox"/></td> <td>OTHER <input type="checkbox"/></td> <td>STOLEN VEHICLE <input type="checkbox"/></td> </tr> <tr> <td>COUNTY RD <input type="checkbox"/></td> <td>PRIVATE WAY <input type="checkbox"/></td> <td>HIT & RUN INVOLVED <input type="checkbox"/></td> </tr> </table>		INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>	STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>	COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>	CASE # <input style="width: 80%;" type="text"/> LOCAL AGENCY CODING <input style="width: 80%;" type="text"/> TOTAL # OF UNITS <input style="width: 10%;" type="text"/> OBJECT STRUCK <input style="width: 70%;" type="text"/>		1 <input type="text"/> <input type="text"/> 28 2 <input type="text"/> <input type="text"/> 3 <input type="text"/> <input type="text"/>
INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>												
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>												
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>												
		TRIBAL RESERVATION <input style="width: 80%;" type="text"/>												
		DATE OF COLLISION: M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY # <input style="width: 5%;"/> <input style="width: 5%;"/> - <input style="width: 5%;"/> <input style="width: 5%;"/> - <input style="width: 5%;"/>												
		ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input type="checkbox"/> BLOCK NO. <input style="width: 40%;" type="text"/> <input style="width: 5%;"/> <input style="width: 5%;"/> MILE POST <input style="width: 40%;" type="text"/> <input style="width: 5%;"/> <input style="width: 5%;"/>												
		DISTANCE OF (REFERENCE OR CROSS STREET) <input style="width: 10%;"/> <input style="width: 10%;"/> MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> <input style="width: 10%;"/> <input style="width: 10%;"/> FEET <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> <input style="width: 60%;" type="text"/>		29 <input type="text"/> <input type="text"/>										

POLICE TRAFFIC COLLISION REPORT PART A

CASE

This block is used for entering your agency Case number, if applicable to your agency. Insure you place it on Part B and all other Supplemental pages that are a part of this report.

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. []

1 [] 27

2 []

3 []

1 [] 28

2 []

3 []

4 []

4a [] 29

5 []

INTERSTATE CITY STREET

STATE ROUTE OTHER

COUNTY RD PRIVATE WAY

FIRE RESULTED

STOLEN VEHICLE

HIT & RUN INVOLVED

TRIBAL RESERVATION []

DATE OF COLLISION M M - D D - Y Y Y Y TIME (2400) COUNTY # MILES N E IN CITY #

S W OF

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

BLOCK NO. []

MILE POST []

DISTANCE [] MILES N E OF (REFERENCE OR CROSS STREET)

FEET S W

CASE #

LOCAL AGENCY CODING

TOTAL # OF UNITS

OBJECT STRUCK

LOCAL AGENCY CODING

Your agencies can use this code area to include other designations on the collision report, such as special location coding.

POLICE TRAFFIC COLLISION REPORT PART A

COLLISION INCIDENTS

It is mandatory to mark the box or boxes if they apply to the incident (Fire Resulted, Stolen Vehicle, or Hit & Run). For example: If one of the vehicles was stolen and then involved in a hit and run, mark both boxes. If a fire occurred, mark the appropriate box and describe in the narrative which vehicle caught fire and how it caught fire.

		STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT	 1591971	REPORT NO. 	1 27
1	INTERSTATE <input type="checkbox"/> CITY STREET <input type="checkbox"/> STATE ROUTE <input type="checkbox"/> OTHER <input type="checkbox"/> COUNTY RD <input type="checkbox"/> PRIVATE WAY <input type="checkbox"/>		FIRE RESULTED <input type="checkbox"/> STOLEN VEHICLE <input type="checkbox"/> HIT & RUN INVOLVED <input type="checkbox"/>	CASE # 	2
2	TRIBAL RESERVATION 	LOCAL AGENCY CODING 		TOTAL # OF UNITS OBJECT STRUCK 	3
3	DATE OF COLLISION: M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY # - - 	N <input type="checkbox"/> E <input type="checkbox"/> IN <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF <input type="checkbox"/>		1 28 2 	
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input type="checkbox"/>		BLOCK NO. 		3
4a	MILE POST 		MILE POST 		 29
5	DISTANCE 		OF (REFERENCE OR CROSS STREET) 		
	MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> FEET <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>				

POLICE TRAFFIC COLLISION REPORT

PART A

TRIBAL RESERVATION

If your collision occurred on a roadway within a tribal reservation's boundaries, enter the tribal reservation's name in the space provided. (Refer to the PTCR Instruction Manual located at: <http://www.wsp.wa.gov/publications/collision.htm#other> Appendix F for a list of tribal reservations in Washington).

		STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT	 1591971	REPORT NO. <input style="width: 100px;" type="text"/>	1 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 27
1 <input style="width: 20px;" type="text"/>	INTERSTATE <input type="checkbox"/> CITY STREET <input type="checkbox"/> FIRE RESULTED <input type="checkbox"/> STATE ROUTE <input type="checkbox"/> OTHER <input type="checkbox"/> STOLEN VEHICLE <input type="checkbox"/> COUNTY RD <input type="checkbox"/> PRIVATE WAY <input type="checkbox"/> HIT & RUN INVOLVED <input type="checkbox"/>		CASE # <input style="width: 100%; height: 20px;" type="text"/>		2 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
2 <input style="width: 20px;" type="text"/>	TRIBAL RESERVATION <input style="width: 100%; height: 20px;" type="text"/>		LOCAL AGENCY CODING <input style="width: 100%; height: 20px;" type="text"/>		3 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
3 <input style="width: 20px;" type="text"/>	M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #		TOTAL # OF UNITS <input style="width: 20px;" type="text"/> OBJECT STRUCK <input style="width: 100%; height: 20px;" type="text"/>		1 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 28
4 <input style="width: 20px;" type="text"/>	DATE OF COLLISION <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>		N <input type="checkbox"/> E <input type="checkbox"/> IN <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF <input type="checkbox"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		2 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
4a <input style="width: 20px;" type="text"/>	ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input type="checkbox"/>		BLOCK NO. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		3 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
5 <input style="width: 20px;" type="text"/>	DISTANCE <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		MILE POST <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		29 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> FEET <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>		OF (REFERENCE OR CROSS STREET) <input style="width: 100%; height: 20px;" type="text"/>		

POLICE TRAFFIC COLLISION REPORT

PART A

COLLISION INFORMATION



TOTAL # OF UNITS

This section is for the total number of unit(s) involved.

Example 01, 03 etc...(pedestrians, property owner, motor vehicle, pedalcycle are units)

OBJECT STRUCK

Here you will provide information on object(s) struck, other than vehicles listed on the report form, e.g. guardrail, power pole, building, etc. If more than one object was struck, indicate which was struck first.



STATE OF WASHINGTON
POLICE TRAFFIC
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REPORT NO.

1 27

2

3

1 28

2

3

29

1 <input style="width: 20px;" type="text"/>	INTERSTATE <input type="checkbox"/> CITY STREET <input type="checkbox"/> STATE ROUTE <input type="checkbox"/> OTHER <input type="checkbox"/> COUNTY RD <input type="checkbox"/> PRIVATE WAY <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/> STOLEN VEHICLE <input type="checkbox"/> HIT & RUN INVOLVED <input type="checkbox"/>	
2 <input style="width: 20px;" type="text"/>	TRIBAL RESERVATION <input style="width: 100%;" type="text"/>		
3 <input style="width: 20px;" type="text"/>	DATE OF COLLISION: M M - D D - Y Y Y Y TIME (2400) COUNTY # MILES CITY # N <input type="checkbox"/> E <input type="checkbox"/> IN <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF <input style="width: 20px;" type="text"/>		
4 <input style="width: 20px;" type="text"/>	ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input type="checkbox"/>		
4a <input style="width: 20px;" type="text"/>	BLOCK NO. <input style="width: 20px;" type="text"/> MILE POST <input style="width: 20px;" type="text"/>		
5 <input style="width: 20px;" type="text"/>	DISTANCE OF (REFERENCE OR CROSS STREET) MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> FEET <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>		

1 <input style="width: 20px;" type="text"/>	TOTAL # OF UNITS	OBJECT STRUCK	28
2 <input style="width: 20px;" type="text"/>			29
3 <input style="width: 20px;" type="text"/>			30

POLICE TRAFFIC COLLISION REPORT

PART A

DATE OF COLLISION

You must enter the collision date in the space provided.

EXAMPLE: July 8, 2006 would be entered:

0	7
---	---

 -

0	8
---	---

 -

2	0	0	8
---	---	---	---

TIME OF COLLISION

You must enter the time in 24 hour time (military time).

EXAMPLE: 3:45 p.m. would be entered:

1	5	4	5
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		STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT	 1591971	REPORT NO. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; text-align: right;">27</td></tr></table>		27																									
	27																																
1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> INTERSTATE <input type="checkbox"/> CITY STREET <input type="checkbox"/> STATE ROUTE <input type="checkbox"/> OTHER <input type="checkbox"/> COUNTY RD <input type="checkbox"/> PRIVATE WAY <input type="checkbox"/> </td> <td style="width: 50%; padding: 2px;"> FIRE RESULTED <input type="checkbox"/> STOLEN VEHICLE <input type="checkbox"/> HIT & RUN INVOLVED <input type="checkbox"/> </td> </tr> </table>		INTERSTATE <input type="checkbox"/> CITY STREET <input type="checkbox"/> STATE ROUTE <input type="checkbox"/> OTHER <input type="checkbox"/> COUNTY RD <input type="checkbox"/> PRIVATE WAY <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/> STOLEN VEHICLE <input type="checkbox"/> HIT & RUN INVOLVED <input type="checkbox"/>	CASE # <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="height: 20px;"></td></tr></table>			2																									
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3	<table style="width: 100%;"> <tr> <td style="width: 10%;">DATE OF COLLISION</td> <td style="width: 10%;">M</td><td style="width: 10%;">M</td> <td style="width: 10%;">D</td><td style="width: 10%;">D</td> <td style="width: 10%;">Y</td><td style="width: 10%;">Y</td> <td style="width: 10%;">Y</td><td style="width: 10%;">Y</td> <td style="width: 10%;">TIME (2400)</td> <td style="width: 10%;">COUNTY #</td> <td style="width: 10%;">MILES</td> <td style="width: 10%;">CITY #</td> </tr> <tr> <td style="background-color: #e0e0ff;"></td> <td></td><td></td> <td></td><td></td> <td></td><td></td> <td></td><td></td> <td></td> <td></td><td></td> <td></td> </tr> </table>		DATE OF COLLISION	M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #														TOTAL # OF UNITS <table border="1" style="width: 20px; border-collapse: collapse;"><tr><td style="height: 20px;"></td></tr></table> OBJECT STRUCK <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="height: 20px;"></td></tr></table>				1
DATE OF COLLISION	M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #																					
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input type="checkbox"/>		BLOCK NO. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="height: 20px;"></td></tr></table>			2																											
4a	DISTANCE <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				MILE POST <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					3																							
5	MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> FEET <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>		OF (REFERENCE OR CROSS STREET) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="height: 20px;"></td></tr></table>			29																											

POLICE TRAFFIC COLLISION REPORT

PART A

COUNTY

It is mandatory to enter the 2-digit number of the county in which the collision occurred in (refer to **Appendix A** of the PTCR manual for list of county numbers).



 STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT		 1591971		REPORT NO. <input type="text"/>		1 <input type="text"/> <input type="text"/> 27 2 <input type="text"/> <input type="text"/> 3 <input type="text"/> <input type="text"/>			
1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>		INTERSTATE <input type="checkbox"/> CITY STREET <input type="checkbox"/> STATE ROUTE <input type="checkbox"/> OTHER <input type="checkbox"/> COUNTY RD <input type="checkbox"/> PRIVATE WAY <input type="checkbox"/>		FIRE RESULTED <input type="checkbox"/> STOLEN VEHICLE <input type="checkbox"/> HIT & RUN INVOLVED <input type="checkbox"/>		CASE # <input type="text"/> LOCAL AGENCY CODING <input type="text"/>			
TRIBAL RESERVATION <input type="text"/>		TOTAL # OF UNITS <input type="text"/>		OBJECT STRUCK <input type="text"/>		1 <input type="text"/> <input type="text"/> 28 2 <input type="text"/> <input type="text"/> 3 <input type="text"/> <input type="text"/>			
DATE OF COLLISION: M M - D D - Y Y Y Y		TIME (2400)		COUNTY #		MILES		CITY #	
N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>		IN <input type="checkbox"/> OF <input type="checkbox"/>		<input type="text"/>		<input type="text"/>		28 29	
4 <input type="text"/> 4a <input type="text"/> 5 <input type="text"/>		ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input type="checkbox"/>		BLOCK NO. <input type="text"/>		MILE POST <input type="text"/>		<input type="text"/>	
DISTANCE		OF (REFERENCE OR CROSS STREET)		MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> FEET <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>		<input type="text"/>		<input type="text"/>	

POLICE TRAFFIC COLLISION REPORT PART A

If you're indicating the block number or address for the location of the collision check the "BLOCK NO."

However, if your collision has occurred on an interstate, state highway, or county road, and the milepost is known, or an approximate milepost can be determined, mark the "MILEPOST" box. Record the milepost in the boxes that follow to the nearest hundredth, if known.

The diagram shows a sample of a Washington State Police Traffic Collision Report form. A red star is positioned above the 'BLOCK NO.' field, and a purple star is above the 'MILEPOST' field. A red arrow points from the red star to the 'BLOCK NO.' field, and a purple arrow points from the purple star to the 'MILEPOST' field. The form includes the following sections:

- STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT** (with state seal and barcode)
- REPORT NO.** (with a box for the number)
- 1591971** (barcode number)
- 1** INTERSTATE CITY STREET FIRE RESULTED
- 2** STATE ROUTE OTHER STOLEN VEHICLE
- 3** COUNTY RD PRIVATE WAY HIT & RUN INVOLVED
- 4** TRIBAL RESERVATION (with a box)
- 4a** LOCAL AGENCY CODING (with a box)
- 5** TOTAL # OF UNITS (with a box) OBJECT STRUCK (with a box)
- DATE OF COLLISION** (M M - D D - Y Y Y Y) TIME (2400) COUNTY # MILES N E IN CITY #
- ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION**
- BLOCK NO.** (with a box) **MILEPOST** (with a box)
- DISTANCE** (with a box) **OF (REFERENCE OR CROSS STREET)** (with a box)
- MILES N E**
- FEET S W**

POLICE TRAFFIC COLLISION REPORT

PART A

The "OF (REFERENCE OR CROSS STREET)" box is utilized in-conjunction with the INTERSECTION and NON-INTERSECTION check boxes. Record the name of the cross street or reference point in the "OF(REFERENCE OR CROSS STREET)" boxes. Examples of reference points are:

- Business driveway
- Railroad crossing
- Bridge (indicate whether from beginning, middle, or end)
- Overpass (interstates and state routes)



NOTE: DO NOT use utility pole numbers or rural route box numbers as references for where the collision occurred. Utility poles, etc., are best used for detailed reference points during accident investigation and can be recorded in the diagram area.

		STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT	 1591971	REPORT NO. <input style="width: 50px;" type="text"/>	1 <input style="width: 20px;" type="text"/>																																																
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5 <input style="width: 20px;" type="text"/>					1 <input style="width: 20px;" type="text"/>																																																

POLICE TRAFFIC COLLISION REPORT

PART A

The “**DISTANCE**” box is utilized in conjunction with the “NON-INTERSECTION” check box, it is utilized to record the distance to the nearest cross street or reference point whether it is in MILES or FEET by marking the appropriate box. Mark the appropriate box or boxes to indicate in which direction (north, south, east, west, northwest, southeast, etc.) the collision occurred from the cross street or reference point.

 STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT		 1591971		REPORT NO. <input type="text"/>		1 <input type="text"/> <input type="text"/> 27		
1 <input type="text"/>	INTERSTATE <input type="checkbox"/> CITY STREET <input type="checkbox"/> STATE ROUTE <input type="checkbox"/> OTHER <input type="checkbox"/> COUNTY RD <input type="checkbox"/> PRIVATE WAY <input type="checkbox"/>		FIRE RESULTED <input type="checkbox"/> STOLEN VEHICLE <input type="checkbox"/> HIT & RUN INVOLVED <input type="checkbox"/>		CASE # <input type="text"/>		2 <input type="text"/> <input type="text"/>	
2 <input type="text"/>	TRIBAL RESERVATION <input type="text"/>		LOCAL AGENCY CODING <input type="text"/>		TOTAL # OF UNITS <input type="text"/>		3 <input type="text"/> <input type="text"/>	
3 <input type="text"/>	M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #		N <input type="checkbox"/> E <input type="checkbox"/> IN <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF <input type="checkbox"/>		DATE OF COLLISION <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		1 <input type="text"/> <input type="text"/> 28 2 <input type="text"/> <input type="text"/>	
4 <input type="text"/>	ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input type="checkbox"/>		BLOCK NO. <input type="text"/>		MILE POST <input type="text"/>		3 <input type="text"/> <input type="text"/>	
4a <input type="text"/>	DISTANCE		OF (REFERENCE OR CROSS STREET)		MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> FEET <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>		29 <input type="text"/> <input type="text"/>	
5 <input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	

POLICE TRAFFIC COLLISION REPORT

PART A

If your collision occurred at an intersection. Check the "INTERSECTION" box, record the primary traffic way in the "ON" box, and enter reference or cross street in the "OF" box.

If your collision is at a non-intersection, check the "NON INTERESCATION" box, record the primary traffic way in the "ON" box, and enter the reference or cross street in the "OF" box. Enter DISTANCE in miles or feet and direction from the reference or cross street to the collision.



**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**



1591971

REPORT NO.

1

2

3

4

4a

5

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>			
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>			

CASE #

LOCAL AGENCY CODING

TOTAL # OF UNITS

OBJECT STRUCK

TRIBAL RESERVATION

DATE OF COLLISION: M M - D D - Y Y Y Y TIME (2400) COUNTY MILES CITY #

ON (PRIMARY TRAFFIC WAY)
 INTERSECTION
 NON-INTERSECTION

BLOCK NO. MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES N E
 FEET S W

1

2

3

27

28

29

REPORT NO.

CASE #

LOCAL AGENCY CODING

TOTAL # OF UNITS

OBJECT STRUCK

DATE OF COLLISION: M M - D D - Y Y Y Y TIME (2400) COUNTY MILES CITY #

ON (PRIMARY TRAFFIC WAY)
 INTERSECTION
 NON-INTERSECTION

BLOCK NO. MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES N E
 FEET S W

POLICE TRAFFIC COLLISION REPORT PART A

UNIT 01 can only be a Motor Vehicle or Pedalcycle. Indicate which type of unit by marking the appropriate box. If a Pedestrian or a Property Owner is involved, use the UNIT 02 section of Part A, or the ADDITIONAL UNITS section of the Supplemental pages to capture the information.

You are not required to put the causing driver in unit 01. This is simply a long-standing tradition and not a requirement. The codes for contributing circumstance indicate fault.

If the Unit is unoccupied you are required to only complete the highlighted section. (registered owners full name is mandatory).

6		UNIT 01 MOTOR VEHICLE <input type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/>		DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>		PHONE		30					
6		LAST NAME			FIRST NAME			MIDDLE INITIAL					
7		STREET NEW ADDRESS <input type="checkbox"/>								1			
7		CITY			ST		ZIP			31			
8		CDL		ENDORSEMENTS			RESTRICTIONS			2			
9		DRIVER'S LICENSE #			STATE		SEX	D.O.B. MMDDYYYY		3			
10		ON DUTY <input type="checkbox"/>		STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES			
11		LICENSE PLATE #		STATE		VIN#				1			
12		TRAILER PLATE #		STATE		TRAILER PLATE #		STATE		2			
13		VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>		FROM TO			
13		REGISTERED OWNER INFO.							VEHICLE NO. 1 SHADE IN DAMAGED AREA		33		
14		LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>		INSURANCE CO & POLICY #			VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>		CITATION #	CHARGE	FROM TO		
15												34	

POLICE TRAFFIC COLLISION REPORT PART A

DAMAGE THRESHOLD MET

If the total damage to any one vehicle or property is \$700 or more, mark the DAMAGE THRESHOLD MET box for that unit or property as “yes.” If this is not the case, mark the box, “No.” (A collision is also considered to meet the damage THRESHOLD AND BE REPORTABLE IF THERE IS AN INJURY TO ANYONE INVOLVED. This information is picked up from the injury code field).

PHONE

Record the phone number of the driver/operator of UNIT 01 in the space provided.

UNIT 01		MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>		PHONE				30		
6	LAST NAME			FIRST NAME			MIDDLE INITIAL					
	STREET NEW ADDRESS <input type="checkbox"/>											
7	CITY				ST	ZIP			1 31			
8	CDL			ENDORSEMENTS			RESTRICTIONS				2	
9	DRIVER'S LICENSE #			STATE	SEX	D.O.B. MMDDYYYY			3			
10	ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES			1 32	
11	LICENSE PLATE #			STATE	VIN#							2
12	TRAILER PLATE #			STATE	TRAILER PLATE #			STATE			3	
13	VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>		FROM TO 33		
14	REGISTERED OWNER INFO.										VEHICLE NO. 1 SHADE IN DAMAGED AREA 	FROM TO 34
15	LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>		INSURANCE CO & POLICY #									
	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>		CITATION #				CHARGE					

POLICE TRAFFIC COLLISION REPORT PART A

For your Unit 01 driver or pedalcyclist enter the DRIVER'S LICENSE # AND STATE in the space provided. For state abbreviations (Refer to **Appendix D of the PTCR Manual** for a list of abbreviations), enter the sex (M or F and leave blank if unknown) and date of birth (MM-DD-YYYY).

ON DUTY

Mark the box if the driver/operator was an ON DUTY law enforcement officer or firefighter (see RCW 46.52.130 (8)).

UNIT 01		MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>		PHONE						30		
6	LAST NAME			FIRST NAME			MIDDLE INITIAL							
STREET NEW ADDRESS <input type="checkbox"/>														
7	CITY					ST	ZIP					1	31	
8	CDL			ENDORSEMENTS			RESTRICTIONS						2	
9	DRIVER'S LICENSE #			STATE		SEX	D.O.B. MMDDYYYY					3		
10	ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				1	32	
11	LICENSE PLATE #			STATE	VIN#								2	
12	TRAILER PLATE #			STATE	TRAILER PLATE #			STATE					3	
13	VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>		TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>		FROM	TO	33	
REGISTERED OWNER INFO.														
14	LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>		INSURANCE CO & POLICY #			VEHICLE NO. 1 SHADE IN DAMAGED AREA 						FROM	TO	34
15	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>		CITATION #									CHARGE		FROM

POLICE TRAFFIC COLLISION REPORT PART A

Enter the appropriate **STATUS** code in the space provided within the UNIT sections of the collision report. UNIT 01 can include codes 1, 2, and 0 only. UNIT 02 and all subsequent units can include any of the codes. The codes are as follows: **STATUS**, **AIRBAG**, **RESTRAINT SYSTEMS**, **EJECTION**, **HELMET USE** & **INJURY CLASS** injury class should be compatible w/nature of injuries (The below chart can be found on the back of the Collision Report Overlay Sheet).

NOTE: Seat Position does not apply to this section.

USE THE FOLLOWING CODES FOR STATUS, SEAT POSITION, AIRBAG, RESTRAINT SYSTEMS, EJECTION, HELMET USE AND INJURY CLASS						
STATUS OF PEDESTRIAN/ PEDALCYCLIST 1 Bicyclist 2 Tricyclist 3 Person on Foot 4 Roller Skater / Skateboarder 5 Non-Motorized Wheelchair 6 Motorized Wheelchair 7 Flagger 8 Roadway Worker 9 Emergency Response Personnel 0 Other*	SEAT POSITION  10 Other Position* 11 Position Unknown 12 Motorcycle 13 Outside of Vehicle	AIRBAG 1 Not Air Bag Equipped 2 Not Deployed 3 Deployed - Front 4 Deployed - Side 5 Deployed - Other 6 Deployed - Combination 9 Deployment Unknown	RESTRAINT SYSTEMS 1 No Restraints Used 2 Lap Belt Used 3 Shoulder Belt Used 4 Lap & Shoulder Belt Used 5 Child Infant Seat Used 6 Child Convertible Seat Used 7 Child Built-In Seat Used 8 Child Booster Seat Used 9 Unknown	EJECTION 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 9 Unknown	HELMET USE FOR MOTORCYCLISTS, PEDALCYCLISTS, SKATERS OR SKATEBOARDERS 1 Helmet Used 2 Helmet Not Used 9 Other	INJURY CLASS 1 No Injury 2 Dead at Scene 3 Dead on Arrival 4 Died at Hospital 5 Disabling Injury 6 Non Disabling (Evident Injury) 7 Possible Injury

UNIT 01		MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>		PHONE	
LAST NAME			FIRST NAME			MIDDLE INITIAL	
STREET NEW ADDRESS <input type="checkbox"/>							
CITY				ST	ZIP		
CDL		ENDORSEMENTS			RESTRICTIONS		
DRIVER'S LICENSE #		STATE		SEX	D.O.B. MMDDYYYY		
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
LICENSE PLATE #		STATE		VIN#			

POLICE TRAFFIC COLLISION REPORT PART A

NATURE OF INJURIES:

Injury class code and nature of injuries must be compatible with each other.

Example: 1= none, 7 = Possible, 5= Non disabling injury (laceration on right-hand arm), if nature of injury is unknown leave the injury class code blank (Refer to the PTCR manual for injury types and class codes)

UNIT 01		MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD YES <input type="checkbox"/> NO <input type="checkbox"/>			
LAST NAME			FIRST NAME			MIDDLE INITIAL	
STREET NEW ADDRESS <input type="checkbox"/>							
CITY					ST	ZIP	
CDL		ENDORSEMENTS			RESTRICTIONS		
DRIVER'S LICENSE #				STATE	SEX	D.O.B. MMDDYYYY	
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
LICENSE PLATE #		STATE		VIN#			

INJURY CLASS

- 1 No Injury
- 2 Dead at Scene
- 3 Dead on Arrival
- 4 Died at Hospital
- 5 Disabling Injury
- 6 Non Disabling (Evident Injury)
- 7 Possible Injury

POLICE TRAFFIC COLLISION REPORT PART A

VEHICLE YEAR, such as 1975, 1995, 2008, etc.

MAKE of the vehicle

For example: Chevrolet, Toyota, Ford, Kenworth, Kawasaki, Harley Davidson, Huffy, Trek

Vehicle MODEL name

For example: Malibu, Camry, Ram, F250, Goldwing, Ninja, Sportster, 10 speed, tandem

Record the vehicle STYLE

For example: 2 door, 4 door, Pickup, Cab over. Trucks greater than 10,000 lbs., record the vehicle tonnage as indicated on the registration. For buses, write in the model name. If not available, write in "commercial" or "school bus."

UNIT 01		MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>		PHONE			30	
6	LAST NAME		FIRST NAME			MIDDLE INITIAL				
	STREET NEW ADDRESS <input type="checkbox"/>									
7	CITY					ST	ZIP		31	
8	CDL	ENDORSEMENTS			RESTRICTIONS				2	
9	DRIVER'S LICENSE #	STATE		SEX	D.O.B. MMDDYYYY				3	
10	ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
11	LICENSE PLATE #	STATE		VIN#						2
12	TRAILER PLATE #	STATE		TRAILER PLATE #		STATE			3	
13	VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>		33	
14	REGISTERED OWNER INFO.									
15	LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #			CHARGE					34
	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #								

POLICE TRAFFIC COLLISION REPORT

PART A

DAMAGE DIAGRAM

In the diagram below indicate the damaged area of the vehicle by shading in the diagram to correspond with the actual vehicle damage. In the event a motorcycle, truck, bus, or tractor/trailer is involved in the collision, assume the vehicle diagram represents that type of vehicle. If the vehicle is completely demolished, print "DEMOLISHED" across the diagram.

6	UNIT 01	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE		30		
	LAST NAME	FIRST NAME		MIDDLE INITIAL					
	STREET NEW ADDRESS <input type="checkbox"/>								
7	CITY	ST	ZIP					1 31	
8	CDL	ENDORSEMENTS	RESTRICTIONS					2 32	
9	DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY				3 32	
10	ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES	1 32
11	LICENSE PLATE #	STATE	VIN#						2 32
12	TRAILER PLATE #	STATE	TRAILER PLATE #	STATE					3 32
13	VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>	FROM TO	33
14	REGISTERED OWNER INFO.							FROM TO 34	
15	LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #		CITATION #		CHARGE			34
	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>								

VEHICLE NO. 1
SHADE IN DAMAGED AREA

POLICE TRAFFIC COLLISION REPORT

PART A

UNIT 02

Use UNIT 02 or subsequent units (on supplemental reports) to record information on additional Motor Vehicles, Pedalcyclists, Pedestrians, or Property Owners. Indicate which type of unit by marking the appropriate box. Unit 02 is completed in the same manner as Unit 01 previously discussed. To record more than a total of two units, a Supplemental Police Traffic Collision report form must be used.

15	UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE		35
16	LAST NAME		FIRST NAME			MIDDLE INITIAL			36
17	STREET NEW ADDRESS <input type="checkbox"/>								37
18	CITY					ST	ZIP		38
19	CDL			ENDORSEMENTS		RESTRICTIONS			39
20	DRIVER'S LICENSE #				STATE	SEX	D.O.B. MMDDYYYY		40
21	ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES	
22	LICENSE PLATE #				STATE	VIN#			
23	TRAILER PLATE #			STATE	TRAILER PLATE #			STATE	41
24	VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>		42
25	REGISTERED OWNER INFO.					VEHICLE NO. 2 SHADE IN DAMAGED AREA 			
	LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>		INSURANCE CO & POLICY #						
	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>		CITATION #		CHARGE				

POLICE TRAFFIC COLLISION REPORT PART A REPORTING OFFICER'S INFORMATION

This is a mandatory field, at the bottom of Part A, the officer who completed the collision report must enter his/her full name, Badge or ID #, and the name of his/her law enforcement agency. Then enter the total number of pages for the traffic collision report.

25		OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY	
26					

PART A 3000-345-150 R (7/06) PAGE 01 OF

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POLICE TRAFFIC COLLISION REPORT PART B

CORRECTION

If the Part B you are submitting is to correct a previously submitted report, mark the "CORRECTION" box located next to the REPORT NO. box. If it is an addition to a previously submitted report, do not mark the box.

REPORT NO.

It is mandatory to write in the pre-printed report number from Part A on all part B reports submitted.

CASE

If applicable to your agency.

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. [REDACTED]

CASE # [REDACTED]

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)												
ADDRESS & PHONE #	SEX	D.O.B. MMDDYYYY										
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES			
NAME (LAST, FIRST, MIDDLE INITIAL)												
ADDRESS & PHONE #	SEX	D.O.B. MMDDYYYY										
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES			
NAME (LAST, FIRST, MIDDLE INITIAL)												
ADDRESS & PHONE #	SEX	D.O.B. MMDDYYYY										
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES			

DIAGRAM

POLICE TRAFFIC COLLISION REPORT PART B

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

Record the passenger or witness's last name, first name, and middle initial (e.g., PUBLIC JOHN Q), address, phone number, sex (M or F) and DOB (mmddyyyy).

Next, indicate whether the person is a passenger or a witness by marking the appropriate box.

- If a witness, no additional information is required.
- If a passenger, indicate in which unit by recording the 2-digit number in the space provided (UNIT #) and continue recording the remaining information as described below. Utilize the overlay chart: SEAT POSITION, AIRBAG, RESTRAINT SYSTEMS, EJECTION, HELMET USE & INJURY CLASS.

NOTE: Status of Pedestrian/Pedalcyclist does not apply to the Additional Persons Involved section of the report.

 STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT		 1591972		CORRECTION <input type="checkbox"/>		REPORT NO. <input type="text"/>										
CASE # <input type="text"/>																
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)																
NAME (LAST, FIRST, MIDDLE INITIAL)																
ADDRESS & PHONE #						SEX	D.O.B. MMDDYYYY		<input type="text"/> - <input type="text"/> - <input type="text"/>							
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	<input type="text"/>	SEAT POS.	<input type="text"/>	AIRBAG	<input type="text"/>	RESTR.	<input type="text"/>	EJECT	<input type="text"/>	HELMET USE	<input type="text"/>	INJURY CLASS	<input type="text"/>	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																
ADDRESS & PHONE #						SEX	D.O.B. MMDDYYYY		<input type="text"/> - <input type="text"/> - <input type="text"/>							
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	<input type="text"/>	SEAT POS.	<input type="text"/>	AIRBAG	<input type="text"/>	RESTR.	<input type="text"/>	EJECT	<input type="text"/>	HELMET USE	<input type="text"/>	INJURY CLASS	<input type="text"/>	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																
ADDRESS & PHONE #						SEX	D.O.B. MMDDYYYY		<input type="text"/> - <input type="text"/> - <input type="text"/>							
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	<input type="text"/>	SEAT POS.	<input type="text"/>	AIRBAG	<input type="text"/>	RESTR.	<input type="text"/>	EJECT	<input type="text"/>	HELMET USE	<input type="text"/>	INJURY CLASS	<input type="text"/>	NATURE OF INJURIES
DIAGRAM																

POLICE TRAFFIC COLLISION REPORT

PART B

DIAGRAM

The scene can be defined as the setting where the event occurred. If the officer goes to the scene, he/she should be able to draw it. If he/she can substantiate the events well enough to cite a driver, complete the side coding, and write a narrative, he/she should be able to draw a diagram of the events. "SCENE NOT OBSERVED", should only be used when the officer cannot or does not go to the scene where the collision occurred or does not have enough information to cite, code, and narrate.

NARRATIVE

Describe, as concisely as possible, the facts that you observed at the scene. Record what happened before, during, and after the collision. Describe special conditions or events associated with the collision such as vehicle(s) on fire, immersed, or submerged; roadway lights not operating etc. The narrative should also be used to describe any information about the collision which could not be entered or coded in other sections of the report form, such as "other" codes. If there is not sufficient space to record everything with the proper amount of detail, utilize additional Part B forms.

DIAGRAM	
	<p>INDICATE NORTH BY ARROW</p> 
NARRATIVE	
<hr/>	
<hr/>	
<hr/>	
<hr/>	

POLICE TRAFFIC COLLISION REPORT

PART B

This field is mandatory. The officer must declare by signature, date, and place signed the conditions set forth in RCW 9A.072.085, which are stated in the following form: "I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT." By signing the above declaration, the report will act as a sworn statement and may eliminate the need for officers to appear in Department of Licensing administrative hearings. The officer must enter their Unit or District Detachment, Badge or ID # an Law Enforcement Agency Originating Agency Identifier (ORI), the Time of Dispatch to the scene (use military time), and the Time of Arrival at the scene (use military time). If the collision was not discovered by or reported to the investigating officer, obtain notification time from dispatch or communications center. The Approving Authority, or individual responsible for checking and verifying this report, must initial or sign and date the report on all Part B and Supplemental Reports submitted.

The page number is mandatory to complete on each part B submitted (3 of 6 etc..).

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		DATED		PLACE SIGNED	
APPROVED BY				DATE			
BADGE OR ID #		ORI #		TIME POLICE DISPATCHED		TIME POLICE ARRIVED	

PART B 3000-345-160 R (7/06) PAGE OF

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Attention: failure to complete the above action will result in your report being returned to you for completion.

POLICE TRAFFIC COLLISION REPORT SUPPLEMENTAL

The supplemental form is used when there are more than two units involved in a collision or when one or more of the units is a commercial motor carrier. It can also be used to correct information on a previously submitted supplemental form, or unit information and/or code box information on a previously submitted Part A.

SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT		CORRECTION <input type="checkbox"/> REPORT NO. <input type="checkbox"/>		CASE #	
1		COMMERCIAL MOTOR CARRIER		INTERSTATE <input type="checkbox"/> INTRASTATE <input type="checkbox"/>	
2		UNIT #	USDOT	ICC #	VEHICLE TYPE
3		CARRIER NAME			
4		CARRIER ADDRESS			
5		CITY			
6		STATE			
7		ZIP			
8		NAME SOURCE			
9		# ASES			
10		OWNER			
11		PLACED			
12		+ NAME # NO NUMBER			
13		ADDITIONAL UNITS			
14		UNIT #	MOBILE VEHICLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>
15		EMERGENCY TELEPHONE #			
16		PHONE			
17		LAST NAME			
18		FIRST NAME			
19		MIDDLE INITIAL			
20		STREET NEW ADDRESS			
21		CITY			
22		STATE			
23		ZIP			
24		CDL			
25		ENDORSEMENTS			
26		RESTRICTIONS			
27		DRIVER'S LICENSE #			
28		STATE			
29		SEX			
30		D.O.B. (MMDDYYYY)			
31		ON DUTY <input type="checkbox"/>			
32		STATUS			
33		AIRBAG			
34		RESTR.			
35		EJECT			
36		HELMET USE			
37		HAZARD CLASS			
38		NATURE OF INJURIES			
39		LICENSE PLATE #			
40		STATE			
41		TRAILER PLATE #			
42		STATE			
43		YEAR			
44		MAKE			
45		MODEL			
46		STYLE			
47		VEHICLE TOWED			
48		YES <input type="checkbox"/> NO <input type="checkbox"/>			
49		TOWED BY			
50		SOFT VEHICLE			
51		YES <input type="checkbox"/> NO <input type="checkbox"/>			
52		REGISTERED OWNER INFO			
53		INSURANCE CO			
54		POLICY #			
55		INSURANCE CO			
56		POLICY #			
57		CHARGE			
58		UNIT #			
59		MOBILE VEHICLE <input type="checkbox"/>			
60		PEDESTRIAN <input type="checkbox"/>			
61		PROPERTY OWNER <input type="checkbox"/>			
62		EMERGENCY TELEPHONE #			
63		PHONE			
64		LAST NAME			
65		FIRST NAME			
66		MIDDLE INITIAL			
67		STREET NEW ADDRESS			
68		CITY			
69		STATE			
70		ZIP			
71		CDL			
72		ENDORSEMENTS			
73		RESTRICTIONS			
74		DRIVER'S LICENSE #			
75		STATE			
76		SEX			
77		D.O.B. (MMDDYYYY)			
78		ON DUTY <input type="checkbox"/>			
79		STATUS			
80		AIRBAG			
81		RESTR.			
82		EJECT			
83		HELMET USE			
84		HAZARD CLASS			
85		NATURE OF INJURIES			
86		LICENSE PLATE #			
87		STATE			
88		TRAILER PLATE #			
89		STATE			
90		YEAR			
91		MAKE			
92		MODEL			
93		STYLE			
94		VEHICLE TOWED			
95		YES <input type="checkbox"/> NO <input type="checkbox"/>			
96		TOWED BY			
97		SOFT VEHICLE			
98		YES <input type="checkbox"/> NO <input type="checkbox"/>			
99		REGISTERED OWNER INFO			
100		INSURANCE CO			
101		POLICY #			
102		INSURANCE CO			
103		POLICY #			
104		CHARGE			
105		UNIT OR LIST DET			
106		DATED			
107		PLACE SIGNED			
108		INVESTIGATING OFFICER'S SIGNATURE			
109		BADGE			
110		OFF #			
111		APPROVED BY			
112		DATE			
113		PAGE			
114		OF			

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

3000-340-013 R (7/04)

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POLICE TRAFFIC COLLISION REPORT SUPPLEMENTAL

The **REPORT NO** is a mandatory field taken from part A. If you're submitting a correction, check the correction box. Add the **CASE #** if your agency utilizes this number on the report from part A.

		SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT	 <small>013197</small>	CORRECTION <input type="checkbox"/>	REPORT NO. 		
			CASE #				
1		COMMERCIAL MOTOR CARRIER		INTERSTATE <input type="checkbox"/>	INTRASTATE <input type="checkbox"/>	1	
2	UNIT #	USDOT	ICC #	VEHICLE TYPE	CARGO BODY TYPE	2	
3	CARRIER NAME						3
3	CARRIER ADDRESS						1
4	CITY	ST	ZIP				2
4a	NAME SOURCE	# AXLES	GWR	PLACARD <input type="checkbox"/>	+ <input type="checkbox"/>	NAME IF NO NUMBER	3
	ADDITIONAL UNITS						27
							28
							29

POLICE TRAFFIC COLLISION REPORT SUPPLEMENTAL

CRITERIA FOR USING THE COMMERCIAL MOTOR CARRIER SECTION OF THE REPORT

You can find this information on the back of the Supplemental Collision Report Overlay Sheet.

If you are not sure you need to complete the Commercial Motor Carrier section, utilize the WHEN TO USE THE COMMERCIAL MOTOR CARRIER PORTION (attached to this portion of the Supplemental form) and answer the questionnaire, this will determine whether or not you need to complete the Commercial Motor Carrier Section on the supplemental report.

WHEN TO USE THE COMMERCIAL MOTOR CARRIER PORTION OF THE REPORT (See Supplemental Police Traffic Collision Report).

Answers to questions below determine use.

Did this collision involve -	Yes	No
1 A truck with at least 2 axles and 6 tires?	_____	_____
2 A commercial vehicle designed or used to transport 9 or more people, including driver?	_____	_____
3 Any vehicle requiring a hazardous material placard?	_____	_____

STOP - If response to all above questions is "No", do not complete the Commercial Motor Carrier portion of report.

4 A fatal injury?	_____	_____
5 An injured person who was transported for immediate medical attention?	_____	_____
6 A vehicle which was towed because of disabling damage?	_____	_____
7 A vehicle requiring intervening assistance before proceeding under its own power? (e.g., towed from ditch, etc.)	_____	_____

STOP - If response to the last four items is "No", do not complete the Commercial Motor Carrier portion of report.

POLICE TRAFFIC COLLISION REPORT SUPPLEMENTAL

Commercial Motor Carrier - INTERSTATE/INTRASTATE: Mark the appropriate box to indicate if the carrier is INTERSTATE or INTRASTATE.

Interstate carriers operate vehicles that are authorized to operate in multiple state jurisdictions, which includes U.S. and Mexican states and Canadian provinces. Intrastate carriers operate entirely within a single state jurisdiction.

		SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT				CORRECTION <input type="checkbox"/>		REPORT NO. <input type="text"/>		1 <input type="text"/> <input type="text"/> 27			
				013197		CASE # <input type="text"/>				2 <input type="text"/> <input type="text"/>			
1 <input type="checkbox"/>		COMMERCIAL MOTOR CARRIER				INTERSTATE <input type="checkbox"/>		INTRASTATE <input type="checkbox"/>		3 <input type="text"/> <input type="text"/>			
2 <input type="checkbox"/>		UNIT #	USDOT	ICC #	VEHICLE TYPE	CARGO BODY TYPE				1 <input type="text"/> <input type="text"/> 28			
3 <input type="checkbox"/>		CARRIER NAME											
4 <input type="checkbox"/>		CARRIER ADDRESS											
		CITY			ST	ZIP				2 <input type="text"/> <input type="text"/>			
		NAME SOURCE	# AXLES	GVWR	PLACARD <input type="checkbox"/>	+		NAME IF NO NUMBER		3 <input type="text"/> <input type="text"/>			
												29 <input type="text"/> <input type="text"/>	

POLICE TRAFFIC COLLISION REPORT SUPPLEMENTAL

UNIT

If you have a vehicle entered on a supplemental form or in Part A and it is a commercial vehicle, you must enter that vehicle into the commercial vehicle section by entering the Unit # from the Unit # on Part A or the supplemental form. INDICATE THE TWO-DIGIT Unit number (01,02,03 etc..).

The information recorded in the Commercial Motor Carrier portion is in addition to the unit information recorded on Part A, or on the Supplemental PTCR form and must be linked by unit number.

If the criteria is met complete the Commercial Motor Carrier section, use as many Supplemental PTCR forms as necessary to record all the commercial motor carriers involved in a collision.

		SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT		 013197		CORRECTION <input type="checkbox"/>		REPORT NO. <input type="text"/>		1 <input type="text"/>		27			
				CASE # <input type="text"/>						2 <input type="text"/>		28			
1 <input type="checkbox"/>		COMMERCIAL MOTOR CARRIER				INTERSTATE <input type="checkbox"/>		INTRASTATE <input type="checkbox"/>		3 <input type="text"/>		28			
2 <input type="checkbox"/>		UNIT # <input type="text"/>		USDOT <input type="text"/>		ICC # <input type="text"/>		VEHICLE TYPE <input type="text"/>		CARGO BODY TYPE <input type="text"/>		1 <input type="text"/>		28	
3 <input type="checkbox"/>		CARRIER NAME <input type="text"/>										2 <input type="text"/>		28	
		CARRIER ADDRESS <input type="text"/>										3 <input type="text"/>		28	
4 <input type="checkbox"/>		CITY <input type="text"/>		ST <input type="text"/>		ZIP <input type="text"/>								29	
		NAME SOURCE <input type="text"/>		# AXLES <input type="text"/>		GVWR <input type="text"/>		PLACARD <input type="checkbox"/>		+ <input type="text"/>		NAME IF NO NUMBER <input type="text"/>		29	

POLICE TRAFFIC COLLISION REPORT SUPPLEMENTAL

USDOT and ICC

Private fleet and for-hire vehicles involved in interstate commerce must have either a United States Department of Transportation (USDOT) or an Interstate Commerce Commission Motor Carrier number (ICC MC). Vehicles which haul “exempt” commodities such as unprocessed agricultural products are not required to have either an ICC or USDOT identification number.

		SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT	 <small>013197</small>	CORRECTION <input type="checkbox"/>	REPORT NO. 		
				CASE # 		1 27	
1	COMMERCIAL MOTOR CARRIER		INTERSTATE <input type="checkbox"/> INTRASTATE <input type="checkbox"/>			2 	
2	UNIT # 	USDOT 	ICC # 	VEHICLE TYPE 	CARGO BODY TYPE 	3 	
3	CARRIER NAME 					1 28	
4	CARRIER ADDRESS 					2 	
5	CITY 		ST 	ZIP 		3 	
6	NAME SOURCE 	# AXLES 	GVWR 	PLACARD <input type="checkbox"/>	+ 	NAME IF NO NUMBER 	4 29

POLICE TRAFFIC COLLISION REPORT SUPPLEMENTAL

Utilize the below chart to enter the numeric code that indicates the Commercial Motor Carrier **VEHICLE TYPE**, **CARGO BODY TYPE**, and **NAME SOURCE** (Enter the numeric code that indicates which source was used to determine the carrier's name) Additional information can be found in Appendix C of the PTCR Manual:

This chart can be found on the back of the Supplemental Collision Report.

USE THE FOLLOWING CODES ON THE COMMERCIAL MOTOR CARRIER PORTION OF THE REPORT.

VEHICLE TYPE	CARGO BODY TYPE	NAME SOURCE (CARRIER)
1 Bus	1 Bus	1 Side of Vehicle
2 Single-unit Truck; 2 axle, 6 tires	2 Van/Enclosed Box	2 Shipping Papers
3 Single-unit Truck; 3 or more axles	3 Cargo Tank	3 Driver
4 Truck/Trailer	4 Flatbed	4 Log Book
5 Truck Tractor (Bob-tail)	5 Dump	
6 Tractor/Semi-Trailer	6 Concrete Mixer	
7 Tractor/Doubles	7 Auto Transporter	
8 Tractor/Triples	8 Garbage/Refuse	
9 Other/Cannot Classify	9 Other	



 **SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**

 013197

CORRECTION REPORT NO.

CASE #

1 27

2 28

3 28

4 29

COMMERCIAL MOTOR CARRIER INTERSTATE INTRASTATE

UNIT #	USDOT	ICC #	VEHICLE TYPE	CARGO BODY TYPE
<input type="text"/>				

CARRIER NAME

CARRIER ADDRESS

CITY ST ZIP

NAME SOURCE # AXLES GVWR PLACARD + NAME IF NO NUMBER

POLICE TRAFFIC COLLISION REPORT SUPPLEMENTAL

OF AXLES

Indicate the number of axles, including lift axles (auxiliary axles) and trailer axles, under the vehicle or vehicle-combination. All axles are to be counted, even if lift axles are not being used.

GVWR

The Gross Vehicle Weight Rating (GVWR) is the sum of all the individual manufacturer's ratings on the power unit and any trailers, NOT the licensed gross weight.

PLACARD

Mark this box if the vehicle displays a hazardous materials placard, and enter the 4-digit number found in the middle of the diamond-shaped placard. If a 1-digit number also appears at the bottom tip of the placard, enter the 1-digit number in the box following the "+" sign. If there is no placard or number use the name of the material on the shipping papers.



		SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT				CORRECTION <input type="checkbox"/>		REPORT #	
		013197		CASE #					
1	COMMERCIAL MOTOR CARRIER		INTERSTATE <input type="checkbox"/>		INTRASTATE <input type="checkbox"/>				
2	UNIT #	USDOT	ICC #	VEHICLE TYPE	CARGO BODY TYPE			3	
3	CARRIER NAME								1
3	CARRIER ADDRESS								2
4	CITY	ST	ZIP					3	
	NAME SOURCE	# AXLES	GVWR	PLACARD <input type="checkbox"/>	+	NAME IF NO NUMBER			29

POLICE TRAFFIC COLLISION REPORT SUPPLEMENTAL

ADDITIONAL UNITS

The Supplemental Police Traffic Collision Report form is mandatory when ADDITIONAL UNITS are involved. The UNIT # must be entered in the space provided and the type of unit must be indicated by marking the appropriate box. The instructions for recording the remaining information are the same as for UNIT 01, Part A.

4a	ADDITIONAL UNITS														
5	UNIT #	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE								
	LAST NAME				FIRST NAME				MIDDLE INITIAL						
6	STREET NEW ADDRESS <input type="checkbox"/>														
	CITY					ST		ZIP							
7	CDL			ENDORSEMENTS				RESTRICTIONS							
8	DRIVER'S LICENSE #				STATE		SEX		D.O.B. MMDDYYYY						
9	ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES							
10	LICENSE PLATE #			STATE		VIN#									
11	TRAILER PLATE #			STATE		TRAILER PLATE #			STATE						
12	VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>		TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>		
13	REGISTERED OWNER INFO.														
	LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>			INSURANCE CO & POLICY #									SHADE IN DAMAGED AREA 		
	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>			CITATION #			CHARGE								

POLICE TRAFFIC COLLISION REPORT SUPPLEMENTAL

This field is mandatory at the bottom of all Part B and Supplemental PTCRs that are submitted, the officer must declare by signature, date, and place signed the conditions set forth in RCW 9A.072.085. The officer must enter their Unit or District Detachment, Badge or ID # and Law Enforcement Agency Originating Agency Identifier (ORI).

The Approving Authority, or individual responsible for checking and verifying this report, must initial or sign and date the report on all Part B and Supplemental PTCRs that are submitted. The Officer must write in the page number and the total number of pages (e.g. Page 01 of 03, etc..).

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

25			INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST DET	DATED:	PLACE SIGNED				
26			BADGE OR ID #	ORI #	APPROVED BY	DATE	PAGE		OF	

3000-345-013 R (7/06)

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Attention: failure to complete the above action will result in your report being returned to you for completion.

OVERLAY SHEET

The Collision Report Overlay Sheet for PART A and the Supplemental contains specific numeric codes that are used to further describe the details of the collision. These codes are placed in the corresponding boxes found in the side margins of Part A of the Police Traffic Collision Report, as well as the Supplemental Police Traffic Collision Report. The codes placed in boxes 1 through 6 apply to the collision scene. The codes placed in boxes 7 through 42 are specific to each unit.

OVERLAY

STATE OF WASHINGTON
POLICE TRAFFIC COLLISION REPORT

1591971

CASE #

LOCAL AGENCY COORDS

WEATHER

1 Clear / Partly Cloudy
2 Clear
3 Raining
4 Snow / Mud / Dirt
5 Unknown

LIGHT CONDITIONS

1 Daylight
2 Dawn
3 Dusk
4 Dark - Street Lights On
5 Dark - No Street Lights

WORK ZONE LOCATION

1 Construction
2 Maintenance
3 Utility
4 Work Zone Type Unknown

LOCATION CHARACTER (ONLY IF APPLICABLE)

1 Parking Lot
2 Bridge / Overpass
3 Underpass / Tunnel
4 Rest Area / Turn Out
5 Shopping Mall / Plaza
6 Park & Ride Lot
7 Ferry Dock
8 School Zone
9 Pedestrian Zone
A Other*

ROADWAY CHARACTER

1 Straight / Level
2 Straight & Grade
3 Curve at Hillcrest
4 Curve in Sag
5 Curve & Grade
6 Curve & Grade
7 Curve at Hillcrest
8 Curve in Sag
9 Unknown
A Other*

HAZARDOUS MATERIALS (IDENTIFY IN NARRATIVE)

1 Hazmat Transported - Not Released
2 Hazmat Transported - Released

POSTED SPEED

MILES PER HOUR FOR EACH VEHICLE INVOLVED

TYPE OF ROADWAY

1 One Way
2 Two Way - Undivided
3 Two Way - Divided, with Barrier
4 Two Way - Divided, no Barrier
5 Reverse-Flow Roadway
6 Interchange Ramp
7 Alley
8 Center-Two Way Left Turn Lane
9 Driveway
0 Unknown
A Other*

ROADWAY SURFACE TYPE

1 Concrete
2 Blacktop
3 Brick or Wood Block
4 Gravel

VEHICLE CLASSIFICATION (ONLY IF APPLICABLE)

1 Trailer w/GWWR of 10,001 lbs or more, or GVWR of combined vehicles is 20,001 lbs or more - CDL required
2 Single vehicle w/GWWR of 20,001 lbs or more, or any school bus regardless of size - CDL required
3 Single vehicle of 20,000 lbs or less, designed to carry 16 passengers or more, or any vehicle regardless of size which requires at least 16 seats - CDL required
4 Commercial vehicle transporting 16 passengers or less - No CDL endorsement required

PEDESTRIAN / PEDALCYCLIST WAS USING:

1 Walkway
2 Shoulder
3 Marked X Walk
4 Other*

PEDESTRIAN / PEDALCYCLIST CLOTHING VISIBILITY

1 Dark
2 Light
3 Mixed
4 Retro - Reflective
5 Other Reflective Apparel*
6 -Shoes, Patches

PEDESTRIAN ACTION (ONE PER UNIT)

1 Xing at Intersection with Signal
2 Xing at Intersection Against Signal
3 Xing at Intersection - No Signal
4 Xing at Intersection - Diagonally
5 From Behind Parked Vehicle
6 Xing - Non Intersection - No X Walk
7 Xing - Non Intersection - In X Walk
8 Walk/ig in Roadway with Traffic
9 Walk/ig in Roadway Opposite Traffic
10 Walk/ig on Roadway Shoulder with Traffic
11 Walking on Roadway Shoulder Opposite Traffic
12 Standing or Working in Roadway
13 Pushing or Working on Vehicle
14 Playing in Roadway
15 Lying in Roadway
16 Not in Roadway
17 All Other Actions*

PEDESTRIAN / PEDALCYCLIST WAS USING:

1 Xing diagonally
2 Xing at Intersection - No Signal
3 Xing at Intersection - Diagonally
4 Xing - Non Intersection - No X Walk
5 Xing - Non Intersection - In X Walk
6 Walk/ig in Roadway with Traffic
7 Walk/ig in Roadway Opposite Traffic
8 Walk/ig on Roadway Shoulder with Traffic
9 Xing diagonally
10 Xing at Intersection - No Signal
11 Xing at Intersection - Diagonally
12 Xing - Non Intersection - No X Walk
13 Xing - Non Intersection - In X Walk
14 Walk/ig in Roadway with Traffic
15 Walk/ig in Roadway Opposite Traffic
16 Walk/ig on Roadway Shoulder with Traffic
17 Cyclist Turned Into Path of Vehicle-Same Direction
18 Cyclist Turned Into Path of Vehicle-Opposite Direction
19 All Other Actions*

CONTRIBUTING CIRCUMSTANCES (ONE PER UNIT)

1 Under Influence of Drugs
2 Exceeding Stated Speed Limit
3 Exceeding Posted Speed Limit
4 Did Not Grant R/W to Vehicle
5 Interceptor Line
6 Following Too Closely
7 Over Center Line
8 Failing to Signal
9 Improper Turn
10 Disregard Stop and Go Signal
11 Disregard Yield Sign / Flashing Red
12 Disregard Yield Sign / Flashing Yellow
13 Improper Parking Location
14 Operating Defective Equipment
15 Other* (List in Narrative)16 Non-Compliance
17 Improper Signal
18 Improper U-Turn
19 Light Violation: No Lights / Fall to Dim
20 Did Not Grant R/W to Pedestrian / Pedalcyclist
21 Pedalcyclist
22 Improper Backing
23 Battering
24 Improper Backing

VEHICLE ACTIONS (ONE PER VEHICLE)

1 Going Straight Ahead
2 Overtaking and Passing
3 Making Right Turn
4 Making Left Turn
5 Making U-Turn
6 Blowing
7 Stopped for Traffic
8 Stopped at Signal or Stop Sign
9 Stopped in Roadway
10 Starting in Traffic Lane
11 Starting From Parked Position
12 Merging (Entering Traffic)
13 Legally Parked, Occupied
14 Legally Parked, Unoccupied
15 Backing
16 Going Wrong Way on Divided Hwy
17 Going Wrong Way on Ramp
18 Going Wrong Way on One-Way Street or Road
19 Other*
20 Changing Lanes
21 Illegally Parked, Occupied
22 Illegally Parked, Unoccupied

VEHICLE CONDITION (NO MORE THAN THREE PER VEHICLE)

1 Defective Brakes
2 Defective Headlights
3 Defective Rear Lights
4 Tires Worn or Smooth
5 Tires Punctured or Blown
6 Lost a Wheel
7 Defective Steering Mechanism
8 Power Failure
9 Headlights Glaring
10 Other Lights / Reflectors Insufficient
11 Other Defects*
12 No Defects
13 Motorcycle - Lights Off
14 Equipped with Studded Tires
15 Motorcycle Windshield Installed
16 Truck / Trailer Safety Inspection

DIRECTION OF MOVEMENT (INDICATE BY NUMBER THE "FROM" AND "TO" MOVEMENT)

1 Vehicle Stopped
2 Vehicle Backing

SOBRIETY

1 HBD - Ability Impaired
2 HBD - Ability Not Impaired
3 HBD - Sobriety Unknown

ALCOHOL TEST

97 Test Given - Results Pending
98 Test Given - No Results
99 Test Refused

DRE ASSESSMENT (NO MORE THAN 2 PER UNIT)

1 CNS - Depressants
2 CNS - Stimulants
3 Hallucinogens
4 PCP
5 Narcotic Analgesics
6 Not Drug Impaired
7 Inhalants
8 Cannabis
9 Drug Combinations
0 Drug Impacted, Type Not Determined

VEHICLE OVERRIDE / UNDERRIDE

1 No Override or Underride
2 Striking Vehicle Overrides other Vehicle
3 Striking Vehicle Underrides other Vehicle
4 Override or Underride Unknown

STATE OF WASHINGTON
POLICE TRAFFIC COLLISION REPORT OVERLAY
3000-349-159 Revised 7/06

① UNIT #1 ② UNIT #2
*DESCRIBE IN THE NARRATIVE

PART A

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OVERLAY SHEET

In **box 1**, enter the numeric code that best describes the roadway surface condition at the scene and time of the collision. If the code for "Other" is entered, describe in the narrative. "Other" may include hazardous material, diesel fuel, etc.

Example: Snow/Slush, number 3 selected as the roadway surface condition

ROADWAY SURFACE CONDITION

1 Dry	6 Oil
2 Wet	7 Standing Water
3 Snow / Slush	8 Other*
4 Ice	9 Unknown
5 Sand / Mud / Dirt	

WEATHER

1 Clear / Partly Cloudy	6 Sleet / Hail / Freezing Rain
2 Overcast	7 Severe Crosswind
3 Raining	8 Blowing Sand/Dirt/Snow
4 Snowing	9 Other*
5 Fog / Smog / Smoke	0 Unknown

LIGHT CONDITIONS

1 Daylight	5 Dark - Street Lights Off
2 Dawn	6 Dark - No Street Lights
3 Dusk	7 Other*
4 Dark - Street Lights On	9 Unknown

WORK ZONE LOCATION

4 Within Work Zone	5 In External Traffic Backup Caused from Work Zone
--------------------	--

WORK ZONE TYPE

1 Construction	3 Utility
2 Maintenance	9 Work Zone Type Unknown

LOCATION CHARACTER (ONLY IF APPLICABLE)

1 Parking Lot	7 Ferry Dock
2 Bridge / Overpass	8 School Zone
3 Underpass / Tunnel	9 Playground Zone
4 Rest Area / Turn Out	0 RR Crossing
5 Shopping Mall / Plaza	A Other*
6 Park & Ride Lot	

PORT NO. []

CITY # [] [] [] [] []

CHECK NO. [] **E POST** []

27 [] []

28 [] []

29 [] []

OVERLAY SHEET

Enter in box 4 the numeric code that best describes the work zone location. Leave blank if not applicable.

Box 4A the numeric code that best describes the work zone type. Leave blank if not applicable.

Box 5 enter the numeric code that best describes the location character at the collision scene. Leave blank if not applicable.

Box 6 enter the numeric code that best describes the character of the roadway at the collision scene. The entry should describe, as closely as possible, the roadway at the exact location of the collision and should correspond to the diagram of the collision. The engineering term "sag" is the transition area where a downgrade meets either an upgrade or level section of roadway.

4	5	4	WORK ZONE LOCATION	4 Within Work Zone	5 In External Traffic Backup Caused from Work Zone	CK NO. <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	29
4a	9	4a	WORK ZONE TYPE	1 Construction	3 Utility	E POST <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5	0	5	LOCATION CHARACTER (ONLY IF APPLICABLE)	2 Maintenance	9 Work Zone Type Unknown		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
				1 Parking Lot	7 Ferry Dock	OLD MET <input type="checkbox"/>	PHONE <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	30
				2 Bridge / Overpass	8 School Zone				MIDDLE INITIAL <input type="text"/>	<input type="text"/>	
				3 Underpass / Tunnel	9 Playground Zone						
				4 Rest Area / Turn Out	0 RR Crossing						
				5 Shopping Mall / Plaza	A Other*						
				6 Park & Ride Lot							
6	7	6	ROADWAY CHARACTER	1 Straight & Level	6 Curve & Grade						
				2 Straight & Grade	7 Curve at Hillcrest						
				3 Straight at Hillcrest	8 Curve in Sag						
				4 Straight in Sag	9 Unknown						
				5 Curve & Level							

OVERLAY SHEET

Proceed by filling in the corresponding tabs on part A as they relate to the overlay sheet

If code for "Other*" or "Unknown" is used (* marked on the Overlay Sheet with asterisks) , it is helpful if you explain it in the narrative when the reason is not obvious. Information left out off the report may cause the report to be sent back. An example would be a blank space for a driver's license, but no citation for driving without a valid operator's license. It would be impossible to know whether the operator didn't have a license or the license number was left out. Information left out of the report may cause the report to be sent back.

Boxes 13 and 14 - If you have difficulty determining the Type of Roadway, please see the illustrations in the Appendix of the Police Traffic Collision Report Manual.

Boxes 19 thru 26 - If one of the involved parties is a Pedestrian or Pedalcyclist, please complete the designated boxes for these units.

Boxes 27 and 28 for Contributing Circumstances should be completed for all units, except property owners.

Boxes 30 and 31 for Vehicle Actions should contain the correct one of the four codes if a vehicle is parked.

Boxes 37 and/or 38 for Alcohol Test should be completed as a follow-up on a Supplemental Report if unknown at the time the original report was completed.

Boxes 39 and 40 for DRE Assessment should be completed with results from tests administered by a certified DRE. Other information can be included in the narrative.

Boxes 7 through 42 are used for the units and are numbered as in each arrow pointing away from the boxes as ① for Unit 01 and ② for Unit 02. The odd numbers are for odd-numbered Units, and the even numbers for even-numbered Units. All units must have their own specific codes – do not copy Unit 01's codes for Unit 03 or Unit 02's codes for Unit 04.

Police Traffic Collision Form

You have completed the online Police Traffic Collision Form Training. Please feel free to review the training as many times as you need.

- ✓ Hopefully the presentation assisted you in completing the Police Traffic Collision Report form.
- ✓ You should now have a better understanding of the Police Traffic Collision Report and overlays.
- ✓ With the information presented you should be able to utilize the overlays that are attached to the report.
- ✓ You should have an understanding of which fields are mandatory.
- ✓ If the forms are complete with the information that has been presented this should limit your correction notices.
- ✓ Note: Washington State Patrol Collision Records staff cannot make corrections to your report and must return them to you for correction/completion.

YOUR REPORTS WILL IMPROVE THE SYSTEM'S ACCURACY AND DATA COLLECTIONS PROVIDING FOR SAFER ROADWAYS